

(> 50 years of age), and those who had been working in EMS for longer periods were found to have significantly lower scores ($p = 0.05$). Overall scores of paramedics was significantly higher than driver/medics. ($p = 0.05$).

Conclusions: Both pre- and post-tests were reliable. Post-test scores improved significantly after the intervention. Age and seniority are factors that must be considered when developing continuing education interventions. Possibility should be given to implementing role specific continuing education interventions. Attrition of knowledge must be investigated.

Prehosp Disaster Med 2011;26(Suppl. 1):s87–s88
doi:10.1017/S1049023X11002962

(A313) Integrating Paramedics into the Health System — Israel as a Case Study

O. Wacht,¹ K. Dopelt,¹ N. Davidovitch,¹ D. Schwartz,²
A. Goldberg¹

1. Health Systems Management, Beer Sheva, Israel
2. Emergency Medicine, Beer Sheva, Israel

Background: Since its development in the 1970s, the paramedic profession has tried to expand its traditional role of providing pre-hospital emergency care in ambulances into new fields of practice (e.g. community care). Paramedics in Israel are employed almost exclusively in the emergency medical services (EMS). Similar to other countries, the manpower shortage in the Israeli health system forced policy-makers to consider the expansion of traditional roles of various healthcare professions including paramedics.

Objectives: This presentation seeks to: (1) map the current situation and challenges facing paramedics in Israel; (2) examine paramedics' professional status among policy-makers; and (3) examine the best way to integrate paramedics in the Israeli health-system.

Methods: Qualitative interviews were conducted with 20 senior policy-makers in the Israeli EMS system, Academia, Health Ministry, and military. A policy analysis of documents, laws, regulations, and public media was conducted.

Results: The Ministry of Health in Israel did not play a significant role in the regulation of the profession. Nevertheless, according to the interviewees, paramedics have gained considerable professional recognition among policy-makers, healthcare professionals, and the general public. Following the medical manpower crisis that is evolving in Israel, and the trends that are common in many western countries of expanding the traditional roles of allied health professions, most policy-makers in Israel see the paramedic role evolving into new field of practice. According to policy-makers, legislators, and EMS officials, the major challenges that the paramedic profession faces deal with legislative and professional (mainly academization) issues.

Conclusions: The paramedic profession must adapt itself to the new medical environment. More research should be conducted to build a model, adapted for different local national context, to expand the traditional role of paramedics. This will influence training, research and policy-making regarding the paramedic profession, and will change the traditional professional medical borders.

Prehosp Disaster Med 2011;26(Suppl. 1):s88
doi:10.1017/S1049023X11002974

(A314) Challenges Faced in Establishing the Emergency Prehospital Ambulance Service in North Central Sri Lanka: Developing Something from Nothing

L. Dassanayake

Disaster Preparedness And Response Unit, Anuradhapura, Sri Lanka

The existence of a prehospital emergency care system signifies how secure an area is in aftermath of a health-related emergency. The systems save lives during most out-of-hospital health emergencies. Until 2010, there was no regular prehospital care system in Anuradhapura, or even in the entire north central region of Sri Lanka. Trauma patients were brought to the hospital generally with little or no prehospital care. They were transported to hospital by relatives or other people at the scene with using whatever vehicle was available at the time, which in many occasions was a trishaw. The concept of developing a prehospital emergency ambulance service to cover the municipality of Anuradhapura as a pilot project was formulated in 2009. The objectives were to: (1) provide emergency prehospital care in the municipality; (2) identify the difficulties; and (3) assess the feasibility of implementing it in the entire district. Some of the challenges faced in the process from the initial draft of the concept up to now include: 1. Studying an established emergency medical services (EMS) system; 2. Developing a pressure group in hospital; 3. Convincing the need to administration; 4. Funding in the initial period; 5. Selecting the proper team and supportive peers; 6. Providing standard training to selected staff; 7. Formulating duty norms and standard operating procedures; 8. Infrastructure development, acquiring instruments, and vehicles with limited fund capacities; 9. Cooperating with the trade unions and external/internal negative forces; 10. Rallying the collaborators with same interest; 11. Handling donors; 12. Getting the support of other key institutions (police/municipal council); 13. Utilizing local media to help promote the project; 14. Social mobilization to ensure sustainability; and 15. Ensuring worker satisfaction, encouragement, and liaison with other units of hospital.

Prehosp Disaster Med 2011;26(Suppl. 1):s88
doi:10.1017/S1049023X11002986

(A315) Improvement of the Prehospital Healthcare System in Iran

H.R. Khankeh,¹ A.R. Jallali,² G.R. Masoomi³

1. Nursing, 1985713831, Iran
2. Clinical Science and Education, 11883, Sweden
3. Nursing, 8876549, Iran

Background: The prehospital time delay in acute health problem still is a problem in most low- and middle-income countries, like Iran. It often is possible to minimize adverse consequences by promptly providing effective prehospital services

Aim: This study was designed to compare the response time interval occurring during the prehospital care process in Tehran during the last decade.

Methods: A retrospective, comparative study was designed, and the mean response time intervals in relation to prehospital care were identified from September 1999 until September 2000 were compared with data from September 2009 until September 2010. Data were collected from Tehran emergency medical services (EMS) center registries.